



South Carolina Department of Insurance

Capitol Center, 1201 Main St., Suite 1000
Columbia, South Carolina 29201
Post Office Box 100105
Columbia, South Carolina 29202-3105

MARK SANFORD
Governor

SCOTT RICHARDSON
Director of Insurance

TERMINATION OF APPOINTMENT OF SURETY BONDSMAN

NAME OF INSURANCE COMPANY _____

INSURER MAILING ADDRESS _____

THE ABOVE-NAME SURETY INSURER HEREBY TERMINATES ITS APPOINTMENT OF THE FOLLOWING INDIVIDUAL AS A SURETY BONDSMAN IN THE STATE OF SOUTH CAROLINA

AGENT'S NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER _____

THE REASON(S) FOR TERMINATION IS AS FOLLOWS (GIVE SPECIFIC DETAILS)

THE AFORESAID SURETY INSURER FURTHER CERTIFIES THAT IT HAS GIVEN/ MAILED (**CIRCLE ONE**) NOTICE OF SUCH TERMINATION TO THE SURETY BONDSMAN AT HIS ADDRESS SHOWN HEREINABOVE, AND HAS ALSO GIVEN / MAILED (**CIRCLE ONE**) NOTICE OF SUCH WHERE THE INSURER HAS BEEN OBLIGATED ON BAIL BONDS THROUGH THE SURETY BONDSMAN WITHIN THE PAST THREE (3) YEARS (LIST COUNTIES)

SIGNED _____

TYPE NAME: _____

TITLE: _____

SWORN TO BEFORE ME THIS
_____ DAY OF _____,

NOTARY PUBLIC FOR _____

MY COMMISSION EXPIRES: _____